Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000056090 3)))



o:		
	Division of Co	rporations
	Fax Number	: (850)617-6381
rom:		
	Account Name	: SORSHER & ASSOCIATES, LLC.
	Account Number	: I20170000056
	Phone	
	Fax Number	: (954)842-2936
ntan	+ha ama23 =44	s for this business entity to be used for future

FLORIDA PROFIT/NON PROFIT CORPORATION GNL LE GRAND, INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	_GNL LE GRAND, INC.				
	(PROPOSED CORPOR	ATÉ NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	a check for:		
 ★ \$70.00 Filing Fee	☐ \$78.75 Filing Fec & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:GIORGI GIORGADZE Name (Printed or typed) 212 S FEDERAL HWY					
	80CA RATON, FL 33432	Address			
	City,	State & Zip	•~;		
(325)777-55-77 Daytime Telephone number					
	NOTE: Please provide the or	riginal and one copy of (, , , ,		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpo	oration shall be: <u>GNL</u> <u>LE GRAN</u>	D, INC.	
ARTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:
212 S FEDERAL H	<u> </u>		EDERAL HWY
	BOCA RATON, FL 33432		RATON, FL 33432
ARTICLE III PUR The purpose for whice	h the corporation is organized is: ANY AN		ISINESS
		·	
ARTICLE V INIT	RES of stock is: 100 IAL OFFICERS AND/OR DIRECTORS		
		Name and Title:	
Address	18401 COLLINS AVE, BLOG 100, UNIT NORTH MIAMI BEACH, FL 33180	_	
Name and Title	:: <u> </u>	Name and Title:_	
Address	• •	Address:	
			• • •
			9
	· · · · · · · · · · · · · · · · · · ·	- -	
Name and Title	<u></u>	Name and Title:	. 9
Address			0
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Name and Title:		Name and Title:	
∆ddr e s			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	The registered agent is:	
Name:	GIORGADZE, GIORGI	and registered agents 15.	
Address;	18401 COLLINS AVE, BLOG 100, UNIT 204		
	NORTH MIAMI BEACH, FL 33160		
ARTICLE VII	<u>INCORPURATOR</u>) [1] [1]	
The name and ad	Idress of the Incorporator is:	· · · · · · · · · · · · · · · · · · ·	
Name:	GIORGADZE, GIORGI		
Address:	18401 COLLINS AVE. BLOG 100, UNIT 2		ı
	NORTH MIAMI BEACH, FL 33160	, o	ı
Effective date, if a	EFFECTIVE DATE: other than the date of filing:ate is listed, the date must be specific and cannot	(OPTIONAL) be more than five days prior or 90 days after the	:
Note: If the date the document's ef	inserted in this block does not meet the applicable s feetive date on the Department of State's records.	statutory filing requirements, this date will not be list	e(l as
Having been name certificate, I am fa	ed as registered agent to accept service of process for miliar with and accept the appointment as registere	the above stated corporation at the place designated d agent and agree to act in this capacity	in this
	Giorgi Giorgadza Required Signature/Registered Agent	02/08/2021	
		Date	
I submit this docu document to the D	iment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted us provided for in s.817.155, F.S.	d in a
n	Giorgi Giorgadzo	02/08/2021	
Required Signature	c/Incorporator	Date	